



## Account Cancellation Notice

On behalf of \_\_\_\_\_ (Company Name), please cancel the following account(s):

Account Number: \_\_\_\_\_

Name of Business: \_\_\_\_\_

\_\_\_\_\_  
Customer Contact

\_\_\_\_\_  
Title

\_\_\_\_\_  
Username

Instructions (optional):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note:** All outstanding IN.gov charges must be paid in full prior to account cancellation. Please refer to the Terms and Conditions in the IN.gov Account Agreement Packet.

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